

Malta Table Tennis Association

MTTA Individual Membership APPLICATION Form

Date of Application: _____

Fees: -	Seniors: Lm 12.00	For 3 years from date of acceptance.
Juniors:	Lm 3.00	(Under 18 Nov 1st) For 12 months.

P.O.Box 133 Valletta CMR 01 Malta
Tel / Fax: 21 248635
Email address: jborgcar@keyworld.net

Applicant Details (Please fill in all fields, Please attach Passport Size Photo)

Name: _____	Malta I.D. No. _____
(If not available put Passport details)	
Address: _____	Home Tel: _____
_____	Office Tel: _____ Fax: _____
_____ Town: _____	MOBILE: _____
Post Code: _____	Date Of Birth _____
Email address: _____	
(If you do not have your own please put an email addresss of someone who will pass messages to you)	
Applicant's Signature

For Office Use

Name of Applicant _____	MTTA Membership No. _____
Starting Date of Membership _____	Date Fees Paid _____
Expiry Date _____	Category _____ Bill No. _____

✂

Date of Application _____ MTTA No. _____

It is certified that the Registration form of player _____

holder of I.D. Card number _____ was duly received on _____

and is hereby being acknowledged.

Website: www.mtta.net